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ABSTRACT

This paper addresses itself to whether a causal relationship exists between childhood bereavement and later behavior disorders. The literature on the subject is reviewed, and the substantive findings and methodological problems of previous research are reported. In addition, the preliminary findings of an exploratory study conducted at the University of Minnesota are presented. These relate to two extensive followup studies undertaken in 1956-7 and 1960-6, based on original data obtained by Hathaway and Monachesi in 1954 of samples of ninth grade students in Minnesota. Indications were that bereavement in childhood may affect adult behavior with regard to marital status and number of offenses committed against the law. The prophylactic value of such followup studies is discussed. (Author/KS)

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CHILDHOOD BEREAVEMENT AND BEHAVIOR DISORDERS: A CRITICAL REVIEW

by

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and
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Interest in childhood bereavement is part of a growing concern with the meaning that dying and death have for modern society. Increasingly medical and social scientists are turning their attention toward the issues and problems associated with contemporary mortality.[1] Despite the early work in psychology of Freud, Hall, Schilder and Bromberg, and the anthropological investigations of such scholars as Rivers, Bendann, Puckle and Lee, it was not until the 1930's that Eliot called for a more empirical and analytical study of grief.[2] It was only during the second world war, however, with the publication of Lindemann's classic paper, "Symptomatology and Management of Acute Grief," that the medical, psychological and sociological significance of bereavement were conjointly studied.[3] Since that time the medical and social science literature has displayed an ever-increasing number of essays and studies in the area of death, grief and bereavement. Among the diverse topics studied have been: the shock of wartime separation,[4] attitudes of normal and mentally ill persons toward death,[5] the development of children's attitudes toward death,[6] mortuary rites and funeral functionaries,[7] the social process of dying in institutions,[8] and the social-psychological consequences of mass death and nuclear war.[9]

This paper addresses itself to the question of whether there exists a causal relationship between childhood bereavement and later behavior disorders. To do so we will review the literature on this subject and discuss

the substantive findings as well as the methodological problems of previous research. In addition, preliminary findings of an exploratory study conducted this past year at the University of Minnesota will be presented.

Concern with the consequences of parental loss has been stimulated by the theories and observations of such psychoanalysts as Freud, Deutsch, Klein and Bowlby.[10] The importance that they attributed to the early parent-child relationship has given rise to the assumption that the rupture of this relationship by death or desertion seriously impedes the emotional development of the child. Sociologists, aware of the changing structure and function of the modern family have suggested, moreover, that such a loss is likely to be even more traumatic today in our limited nuclear families than was formerly the case when the traditional extended family was more the rule.[11] Like other social losses, death disrupts an ongoing social order. The bereaved individual must face not only a personal loss, but also a disruptive vacancy in his social system. Bereavement differs, however, from other social ruptures due to desertion, divorce and separation insofar as its agent, death, is fundamentally more mysterious as well as being completely irreversible.

Four research strategems have been used to determine the degree of association between childhood bereavement and later behavior disorder. They are: observations of recently-deprived children; clinical case studies; retrospective studies and anterospective or follow-up studies. Each strategy has its own peculiar advantages as well as its own limitations.

Direct observation of children recently separated from their mothers has provided much information about the consequences of parental deprivation.[12]

Such studies have in general concurred that developmental retardation of an indeterminate duration and reversibility results when the mother-child relationship is interrupted at an early age. The principal weakness of such studies, however, is their inability to provide information on the later consequences of deprivation; their conclusions are applicable only to the duration of the study.

Clinical case studies primarily of psychiatric patients have provided a second source of information regarding the possible effects of childhood bereavement.[13] Such case studies have prompted researchers to attribute etiological significance to early bereavement for certain emotional disorders in later life. While such inferences are valuable as guidelines to research the unrepresentativeness of such samples seriously impairs the possibility of valid generalizations to the larger normal population.

The anterospective approach attempts to follow into adulthood a group of bereaved children and a group of non-bereaved children with differences in rates of behavior disorder noted. This strategy potentially provides a means of discovering why some bereaved children do not become maladjusted. While the anterospective approach is the method which permits the researcher to make the most comprehensive kinds of statements of any of the four methods mentioned, such studies, unfortunately, seldom have been undertaken. The reasons for this are due to: the prohibitive cost in time and money; the loss of original cases over time; and the possible changes in the theory and method of the study from the time of its inception to the time of its interpretation.[14]

The retrospective approach compares the past histories of two or more

groups of adults in order to determine whether they differ with respect to incidence of childhood bereavement. For instance, a group of diagnosed schizophrenics would be compared with a group of "normal" adults. Retrospective studies, because they permit a comparison of adult behavior with childhood bereavement and because they generally employ large numbers of cases, have been considered to be more effective tests of the "bereavement and maladjustive behavior" hypothesis than either the direct observation approach or the clinical case history method. What evidence we have of the long-term effects of childhood parental bereavement, therefore, is derived primarily from retrospective studies. Because of this fact, let us mention some of the methodological difficulties that have beset such research and, with these limitations in mind, review briefly their substantive findings.

Several methodological problems of retrospective studies seriously limit the validity and usefulness of the findings. These problems include: difficulties in obtaining "normal" bereavement rates; problems in selecting psychiatric patients for comparison with "normals;" deficiencies in data gathering; failure to consider demographic factors; failure to consider intervening variables which would affect the cause-effect relationship; inadequate use of statistical tests of significance; and fallacious deductions in interpretation.

The problem of establishing "normal" bereavement rates, against which to compare rates observed in psychiatric samples, is due to the fact that there is no concensus as to which kind of population to use as the "normal" control population. Retrospective studies have used three sources in order

to establish a so-called "normal" bereavement rate: nonpsychiatric medical patients, actuarial figures and rates from general population samples. Dennehy cites several studies which question the use of medical patients as representative of a "normal" population. She indicates that high percentages of medical patients have no discernable organic pathology, and she suggests that disguised or repressed psychiatric problems prompted them to seek medical attention.[15] Pitts, et al discuss the limitations of actuarial figures by arguing that such figures underrepresent lower-class people who do not carry life insurance.[16] Because of the sampling techniques employed, "general population" samples usually fail to satisfy the criterion of representativeness. The only nationwide source of information on normal bereavement rates has been the 1921 British census, but serious discrepancies are found in the various studies which employed it.[17]

Unfortunately, data on orphanhood were not obtained on subsequent British censuses. In other, smaller, population samples, few researchers have controlled for such factors as ethnicity, socio-economic class, religion, marital status or residence. Some studies have used as their "population sample" such unrepresentative groups as medical students,[18] college students,[19] and state mental hospital employees.[20]

Another common problem in retrospective studies is the selection of psychiatric cases. Virtually all of the studies which were reviewed divided patients into conventional diagnostic categories, despite the fact that the validity and reliability of such categories have been repeatedly questioned.[21]

For this reason, comparison of studies of the same diagnostic entity is hazardous. Psychiatric patients, moreover, have been drawn generally from a single institution or from a private practice.[22] Selective factors may be operant in either case since specific institutions and practitioners cater to populations in delimited geographical locations and within narrow socio-economic strata.[23] Since bereavement rates and behavioral pathology vary according to demographic characteristics of the population, findings cannot be generalized safely. Hilgard and her colleagues, for example, have published several studies using both controls and patients from exclusively urban and white populations.[24] Pitts, et al note that governmental institutions obtain patients from predominantly lower socio-economic strata and question comparison with "normal" rates derived from general population samples or actuarial rates.[25]

Deficiencies in data-gathering have compromised the validity of many retrospective studies, and the variety of techniques used has precluded comparisons. The major sources of information for retrospective studies are interviews, questionnaires, and case records. In interviews with either patients or family informants, investigators must rely upon the memory, lucidity and goodwill of the patient or relative. Patients may be embarrassed to admit parental desertion and instead claim that the parent died, resulting in an overestimation of the bereavement rate. Questionnaires may be useful, but without an indication of the return rate, their value is uncertain. High rates of non-return may reflect selective factors which merit consideration in analysis

and interpretation. Also, without some evidence that the wording avoided some of the frequent methodological problems observed in anonymous questionnaires, the value of the findings is dubious.[26] Case records, which are used in the majority of retrospective studies, are likely to be grossly inadequate means of ascertaining childhood bereavement rates. Such records are seldom compiled for the specific purposes of the research, therefore, the frequency with which cases must be discarded because of inadequate information is often very high. Blum and Rosensweig, for example, discarded fifty percent of their records because they lacked certain data on the siblings,[27] while Wahl discarded nearly one-third of his records.[28] Many studies do not report the number and percentage of discarded cases, thus possibly introducing a selective bias into the sample which remains. As Gregory states: "Such information (i.e. for hospital records) is often obtained from parents, particularly in the case of unmarried patients, and there is every reason to believe that a higher rate of parental deprivation might well be found among those patients' records which investigators have been obliged to discard on account of inadequate information."[29]

Several researchers have criticized retrospective studies for failing to consider such secular, demographic trends as the generally declining death rate and the differential distribution of death rates among various sections of the population.[30] For example, Oltman argues that if the control and patient groups are not carefully matched according to age, differences in bereavement rates may be misinterpreted. Likewise, Gregory cites evidence

that atypically-high bereavement rates are observed in the lower socio-economic strata, among immigrants from certain countries, and among children whose parents are above-average age.[31] The importance and difficulty of controlling for such secular factors when obtaining control and patient groups constitutes a major limitation of the retrospective design.

Retrospective studies are based on comparing the presence or absence of specific factors in two groups at two points in time -- that is to say, in the case of the behavior disorder hypothesis -- looking at two groups to compare the presence or absence of behavior disorders at the present time, and the presence or absence of parental loss in the past. Such a research design, therefore, runs the risk of making an unwarranted causal connection between the two factors and neglecting the possible presence of an intervening variable. Any attempt to assess the causal importance of a single traumatic experience in childhood for a specific behavior pattern in later life must consider the possible effects of intervening experiences. Not all children, it must be noted, who suffer early bereavement manifest later behavior disorders. The explanation for their freedom from traumatic aftermath may lie in such intervening experiences as: the nature of the pre- and post-bereavement home environment, the circumstances of the death, and the emotional characteristics of the surviving parent. If a retrospective study fails to acknowledge such potentially important factors, its basic design is inherently limited.

In his comprehensive methodological review, Gregory states that almost no adequate statistical tests of the significance of the observed differences

in bereavement rates have been utilized in presenting figures on parental deprivation.[31] In most studies published since Gregory's review, however, researchers have demonstrated greater statistical and methodological sophistication. Such statistical sophistication is meaningless, however, as long as any of the above-mentioned problems are still present in the research design or in the data-gathering process.

Turning from an examination of the methodological problems that have plagued retrospective studies to the substantive findings that these studies have generated, bears out our initial reservations concerning the adequacy of the method. Numerous studies among schizophrenic patients, for example, have shown higher childhood bereavement rates among the patient group than among the control group.[32] Other studies, however report just the opposite finding.[33] Obviously, no conclusions can be ventured on the possible etiological significance of early parental loss for later schizophrenia until the discrepancies among the findings are resolved. Hilgard and Newman used for their control group an urban community sample;[34] Granville-Grossman used nonschizophrenic siblings of his patients as their controls;[35] Oltman and her colleagues administered an anonymous questionnaire to state mental hospital employees;[36] Pitts, et al used a matched, stratified sample of medical patients;[37] Wahl used inductees into the Navy;[38] while Dennehy relied on the 1921 British census data.[39] A similar diversity is observed with respect to data-collection and data-analysis techniques.

Studies of depression also report discrepant findings. Definitional

ambiguities and methodological idiosyncracies prevent us from drawing any conclusions.[40] With respect to other diagnostic entities, such as neurosis or alcoholism, contradictory findings are once again observed: some studies report finding a significant association while others find none.[41]

On the basis of the current limitations of the retrospective method, therefore, one must conclude that retrospective studies have not provided a reliable answer to the question of whether early childhood bereavement is causally related to later behavior disorders.

We feel that our own findings, derived from an exploratory study utilizing the anterospective, or follow-up strategy, provide a potentially more fruitful approach to this issue. Our original data were obtained by Hathaway and Monachesi in 1954, when they obtained samples of 11,430 ninth-grade students in Minnesota.[42] In their discussion, they argued that Minnesota is an advantageous source of population samples due to its predominantly second-generation and native-born population, its absence of large racial minorities, and its average economic position relative to other states.[43] Although their specific interest at the time of the study was to obtain a sample of sufficient size to permit valid predictions about delinquency, they were careful to gather a wealth of data which has been and still is useful to researchers concerned with many different issues.[44] Two extensive follow-up studies of the original cases were undertaken in 1956-57 and again between the years 1960 and 1966.

The average age of the ninth-graders at the time of the original 1954 sample was approximately 15 years. Thus, in the second follow-up, the

average age of those interviewed in 1960 was approximately 21; and for those followed up as late as 1966, the average age was approximately 27. The data, unfortunately, do not permit us to distinguish which cases were followed up in which years between 1960 and 1966, and this seriously limits the refinement of our analysis.

In order to determine whether a significant relationship exists between childhood bereavement and later behavior disorder, we divided the followed-up cases of the original sample (N=11,197) into three childhood family status groups: intact family with both parents alive and together (N=9,719); family broken by separation or divorce (N=715); and family broken by the death of one or both parents (N=763). We had intended to divide further the bereaved group according to sex of parent lost, but found that this would have precluded statistical analysis by reducing the number of cases in the cells of our statistical tables. The use of this secondary data imposes further limitations on our analysis. Some information which we would have liked to have had was not obtained in the original study. We do not have, for example, data on the age of the child at bereavement, the cause of the parent's death, the quality of the post-bereavement home environment, or other potentially relevant circumstances. Moreover, while the 1960-66 follow-up was efficient in locating original subjects, the information gathered on each case was frequently incomplete. We had hoped, for example, to use three adult status variables obtained on some follow-ups as indicators of behavior disorders: marital status, hospitalization for emotional problems, and offenses against the law. The information was

relatively complete with respect to marital status, but for offenses against the law and for emotional problems, almost half the cases could not be analyzed due to incomplete information. In addition, other difficulties with the data compelled us to eliminate "emotional problems" as an adult status variable and to analyze only "marital status" and "offenses against the law." In our analysis we controlled for sex of subject, father's socio-economic status (as of 1954), rural versus urban residence, and size of community lived in at the time of the original study. None of these controlling variables showed any significant differences when the chi square test of significance was applied. The significant differences found, then, were between childhood parental loss and adult marital status and between childhood parental loss and later offenses against the law.

The analysis of the relationship between early bereavement and marital problems involved collapsing the marital status values into three categories: single and never married; currently married; and broken marriage (including legal separation and divorce). Unknown marital status or other statuses (e.g. widowed) which in total represented close to twenty percent of our cases were eliminated from this analysis. Tables 1, 2, 3, and 4 show that when children from intact families are compared first with children from divorced or separated families and then with children from families broken by death, a significant difference appears in the current marital status of those from divorced or separated homes. More men and women from childhood homes broken by divorce or separation had not only been married by the time of

the follow-up than had those from the other two groups, but also the incidence of divorce among this group was significantly higher.

(TABLES 1, 2, 3, AND 4 HERE)

Hence, our data show that loss of a parent by divorce or separation may be significantly associated with later behavior problems, when marital dissolution is considered to be a behavior problem, but this association does not hold for those who lost one or both parents through death. It must be borne in mind, however, that the respondents were relatively young at the time of the follow-ups and that the number of broken marriages would be expected to increase with the age of our sample. We should caution further, moreover, that our findings, while significant, may be partially a function of the very large "N" we are working with.

In our analysis of offenses against the law, it was necessary to eliminate all unknowns and to collapse the remaining cases into three broad categories: no offense; minor offense (traffic offenses, misdemeanors, one jail sentence, and YCC commitment); and major offenses (probation for a felony, more than one jail sentence, and one or more prison sentences). The following findings are based only on the male cases, due to the small number of women offenders.

As indicated in tables 5 and 6, persons from homes broken either by divorce or death are significantly more likely to have committed some offense against the law than are persons from intact homes.

(TABLES 5 AND 6 HERE)

This finding confirms again those criminal studies, such as the Gluecks' studies

and others,[45] which have shown such a correlation. What is important to point out here is that homes broken by bereavement also show differences from intact homes with respect to offenses against the law. Our findings analyzing separately, as they do, bereaved children, support the findings of two other studies which have established this connection.[46] However, as is shown in tables 7 and 8, when the severity of the offense is examined, it is the males from homes broken by divorce or separation who commit a disproportionate number of the major offenses.

(TABLES 7 AND 8 HERE)

Although the offenses committed by males who lost a parent in childhood are minor offenses, these persons nonetheless commit significantly more offenses than do males whose childhood families were intact. These findings underscore the need to explore more fully the role of early bereavement in subsequent delinquent or maladaptive behavior.

CONCLUSION

The preceding examination of the literature reveals that most studies of the early bereavement-later behavior disorder hypothesis have been plagued by methodological problems which have generated discrepant findings. Retrospective studies are especially prone to the post hoc, ergo propter hoc fallacy.

Our exploratory anterospective study, which had the benefit of a very large sample relatively free of selective factors, tentatively indicates that early parental bereavement may significantly affect adult behavior--specifically with respect to marital status and offenses committed against the law. We

recognize, however, that these findings are seriously compromised by the methodological deficiencies inherent with the use of secondary data. It is our hope to undertake a third major follow-up of the original 1954 sample, which would avoid the problems that the deficiencies in the two follow-up studies presented to us. We would like to know, for instance, at what age the child was when the death of the parent occurred, the cause of the death, and the quality of the post-death home environment.[47] Also, it would be important to seek better indicators of adult adjustment than merely marital status or offenses against the law. The use of such scales as the MMPI, for example, would supplement the traditional means of evaluating adjustment in later life. Our projected follow-up would carefully study those adults from bereaved or divorced backgrounds who did not manifest any apparent signs of behavior problems in the hope of finding distinguishing characteristics between them and those who evidenced maladjustment.

Anterospective studies are valuable prophylactically as well as theoretically. Such studies allow researchers to make theoretical statements with regard to the correlation between childhood bereavement and subsequent problems in social adjustment. The studies become prophylactically valuable, therefore, when such associations are recognized and steps are taken to prevent maladaptive response on the part of the bereaved. Studies of the possible problems associated with bereavement will hopefully promote greater awareness of the need to withdraw the fact of death from its netherworld and to assist persons, particularly young ones, to cope with their loss.

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Table 1

The Relationship Between Early Parental Loss and Adult Marital Status: for Females

Childhood Family Status, 1954	Adult Marital Status, 1960-1966			
	Single and Never Married	Currently Married	Broken Marriage	Total
Intact Family Background	646 14%	3668 82%	176 4%	4490 100%
Parents Divorced or Separated	23 8%	251 84%	24 8%	298 100%

$P < .001$

Table 2

The Relationship Between Early Parental Loss and Adult Marital Status: for Females

Childhood Family Status, 1954	Adult Marital Status, 1960-1966			
	Single and Never Married	Currently Married	Broken Marriage	Total
Intact Family Background	646 14%	3668 82%	176 4%	4490 100%
One or Both Parents Dead	54 15%	273 80%	16 5%	343 100%

P = not significant

Table 3

The Relationship Between Early Parental Loss and Adult Marital Status: for Males

Childhood Family Status, 1954	Adult Marital Status, 1960-1966			
	Single and Never Married	Currently Married	Broken Marriage	Total
Intact Family Background	1486 33%	2866 64%	112 3%	4464 100%
Parents Divorced or Separated	85 30%	187 66%	12 4%	284 100%

$P < .05$

Table 4

The Relationship Between Early Parental Loss and Adult Marital Status: for Males

Childhood Family Status, 1954	Adult Marital Status, 1960-1966			
	Single and Never Married	Currently Married	Broken Marriage	Total
Intact Family Background	1486 33%	2866 64%	112 3%	4464 100%
One or Both Parents Dead	115 35%	212 64%	6 2%	333 100%

P = not significant

Table 5

The Relationship Between Early Parental Loss and Later Offenses Against the Law: for Males

Childhood Family Status, 1954	Offenses Against the Law		
	No Offenses	Some Offense	Total
Intact Family Background	1765 85%	323 15%	2088 100%
Parents Divorced or Separated	104 74%	37 26%	141 100%

$P < .001$

Table 6

The Relationship Between Early Parental Loss and Later Offenses Against the Law: for Males

Childhood Family Status, 1954	Offenses Against the Law		
	No Offenses	Some Offense	Total
Intact Family Background	1765 85%	323 15%	2088 100%
One or Both Parents Dead	135 78%	37 22%	172 100%

$P < .05$

Table 7

The Relationship Between Early Parental Loss and Offenses Against the Law: for Offenders

Childhood Family Status, 1954	Severity of Offense		
	Minor Offense	Major Offense	Total
Intact Family Background	285 88%	38 12%	323 100%
Parents Divorced or Separated	28 76%	9 24%	37 100%

$P < .05$

Table 8

The Relationship Between Early Parental Loss and Offenses Against the Law: for Offenders

Childhood Family Status, 1954	Severity of Offense		
	Minor Offense	Major Offense	Total
Intact Family Background	285 88%	38 12%	323 100%
One or Both Parents Dead	31 84%	6 16%	37 100%

P = not significant